## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	
10/ ETIE 0/-(1	
10/5995869	
APPLICANT(S)	

FILING DATE

## **CLAIMS**

	AS FILED		AFTER		AFTER 2 MAMENDMENT		LAIV		AS FILED		AFTER 1* AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS	391							TOTAL CLAIMS						100 mg
PTO - 1360	(REV. 11/04	)								U.S. DEPART				